## **Annual Water Quality Report Certification Form**

Water System Name: Public Water Supply ID #:	
Certifie	ed by: Name:
	Title:
	Phone #: Date:
Please i	ndicate how your report was distributed to your customers:
	QR was distributed to bill-paying customers by mail.
□ AWO	QR was distributed by other direct delivery method(s) (check all that apply)  Hand delivered.
	Published in local paper (i.e., <i>Penny Saver</i> ) that was directly delivered or mailed to all bill-paying customers.
	Published in local municipal newsletter that was directly delivered or mailed.
	Mailed a notification that AWQR is available on a public website via a direct URL
	Emailed with a message containing a direct URL link to the AWQR
	Emailed with AWQR sent as an attachment to the email
	Emailed with AWQR sent as an embedded image in the email
	Additional electronic delivery that meets "otherwise directly deliver" requirement
	Other (please specify)
☐ Syste	em does not have bill-paying customers.
☐ For	systems serving at least 100,000 persons: in addition to direct delivery to bill-paying customer the AWQR
was	posted on a publicly-accessible website at www.
	dicate what "Good Faith" efforts were used to reach non-bill paying consumers (check all that apply).
	Posting the Annual Water Quality Report on the Internet at <a href="https://www">www</a>
	Mailing the Annual Water Quality Report to postal patrons within the service area
	Advertising the availability of the Annual Water Quality Report in the news media
	Publication of the Annual Water Quality Report in a local newspaper
	Posting the Annual Water Quality Report in public places (attach a list of locations)
	Delivery of multiple copies to single-bill addresses serving several persons such as: apartments,
1	businesses, and large private employers
	Delivery to community organizations
	Other (please specify)

## **INSTRUCTIONS**

## **Annual Water Quality Report Certification Form**

Community Water Systems must submit this Certification Form **by September 1**<sup>st</sup> of each year to the New York State Department of Health in Albany, NY and to the county or district health department office that has jurisdiction over the water system.

The certification must indicate how the water systems Annual Water Quality Report (AWQR) was distributed and that the information within the AWQR is correct and consistent with the compliance monitoring data previously submitted to the overseeing health department.

This Certification Form should be submitted to the New York State Department of Health in Albany: By mail to:

NYS Department of Health Attn: Roger C. Sokol, Ph.D. Director, Bureau of Water Supply Protection Corning Tower, Room 1110 Empire State Plaza Albany, NY 12237

Or electronically to:

AWQR@health.ny.gov